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23410 7590 05/31/2007

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Jocelyn L. Lee	(Depositor's name)
	(Signature)
8/24/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/682,627	10/08/2003	Parker Willis	03-286 (US01)	8422

TITLE OF INVENTION: METHOD AND SYSTEM FOR DETERMINING THE LOCATION OF A MEDICAL PROBE USING A REFERENCE TRANSDUCER ARRAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	$1400	$300	$0	$1700	08/31/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
JAWORSKI, FRANCIS J	3768	600-462000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE: BOSTON SCIENTIFIC SCIMED, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY): Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent) : ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____ Date 8/24/07

Typed or printed name Michael J. Bolan Registration No. 42,339

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